									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10/8/214940					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENT	1117	OR		R THAN ENTITY	
TOTAL CLAIMS			19		·]	RATE FEE		FEE	7	RATE.	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 3	85.00	OR			
TOTAL CHARGEABLE CLAIMS			l Q m	\0(minus 20=		. 0		XS 9=		•	1			
INDEPENDENT CLAIMS			u .	₩ minus 3 •		. ,		X43a			OR	Yes	66	
MULTIPLE DEPENDENT CLAIM PI			RESENT				'n	A435	+		OR	X86=	86	
•	the difference	a ia acturi 4 ia	less than zero, enter "0" in column 2				+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	3		OR	TOTAL	828	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L EN	TITY	OR	OTHER	R THAN ENTITY	
4		CLAIMS REMAINING	T··	HIGH	ST		1	-		DDI-	1		ADDI-	
AMENDMENT A	·	AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT		RATE		ONAL EEE		RATE	TIONAL FEE	
	Total	- 19	Minus	- 2	0	- \		X\$ 9≥	I		OR	X\$18=		
	Independent	• '4	Minus	.د.	1	=		X43=	1		- SR	X86=		
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		▎▐		十					
							L	+145=			OR	+290=		
1016.00						•	A	ODIT. FEI			OR	ADDIT. FEE		
		(Column 1)		(Colum		(Calumn 3)			TA	201				
AMENDMENT B	7	REMAINING AFTER		NUMBE PREVIOU			RAT	RATE	ADDI- TIONAL			RATE	ADDI- TIONAL	
		AMENOMENT		PAID F		J	 ↓ ŀ		LE	FEE			FEE	
	Total	19	Minus	OXI	٧	•		X\$ 9=	Ŀ		OR	X\$18=	<i>]</i> •.	
	Independent	ENTATION OF MU	Minus	PENDENT	MIA	* / /	L	X43= 1			OR	X86=		
								+145=			OR	+290=		
				-			. AI	TOTAL		V	OR ,	TOTAL	•	
(Column 1) (Column 2) (Column 3)													·	
	•	CLAIMS REMAINING	·	HEGHE		PRESENT	Г		·AD	DI-	· ſ		ADDI-	
	•	AFTER AMENDMENT		PREVIOU PAID FO	ISLY	EXTRA		RATE		NAL E	Í	RATE	TIONAL	
	Total	•	Minus	**			r	X\$ 9=	Η"		DR	X\$18=	FEE	
	independent	•	Minus	•••			\vdash	Y42-						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=			OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
~ H	the Highest Nur	mber Previously Pal	d For IN THIS	S SPACE IN I	es than	20. enter "20."	AD	TOTAL OIT. FEE			OR A	TOTAL DOIT, FEE		
T	he "Highest Num	mber Previously Paid ber Previously Paid	For (Total or	independent	is the	i 3, enter "3." highest number	tound	in the ap	propris	de pox				